



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ELIZABETH HEALTH (CRAWFORDSVILLE)

City of Hospital: Crawfordsville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28170521
Outpatient Patient Service Revenue	\$90087854
Total Gross Patient Service Revenue	\$118258375

2. Deductions From Revenue

Contractual Allowance	\$59929466
Other Deductions	\$7509506
Total Deductions	\$67438972

3. Total Operating Revenue

Net Patient Service Revenue	\$50819403
Other Operating Revenue	\$659185
Total Operating Revenue	\$51478588

4. Operating Expenses

Salaries and Wages	\$11075054	Employee Benefits	\$3129306
Depreciation and Amortization	\$2525374	Interest Expense	\$1063839
Bad Debt	\$3360818	Other Expenses	\$20040490
Total Operating Expenses	\$41194881		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10283707	Total Assets	\$47334500
Net Non-operating Gains over Loss	\$37319	Total Liabilities	\$-359842
Total Net Gains	\$10321026		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$55018663	\$42750753	\$12267910
Medicaid	\$12485705	\$6258226	\$6227479
Other Government	\$300735	\$284150	\$16585
Other State	\$0	\$0	\$0
Other Payers	\$50453272	\$18145843	\$32307429
Total	\$118258375	\$67438972	\$50819403

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$56904	\$-56904

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$78945	\$-78945
Hospital Patients	\$0	\$0	\$0
Community Education	\$12910	\$290660	\$-277750

Number of Medical Professionals Trained	95
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	5506

Statement Six: Charity Statement

Hospital Charity Charges	\$7509506
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1956005	
HCI Payments	\$0		
Subtotal	\$0	\$1956005	\$-1956005
Medicaid Shortfalls	\$6227479	\$6357055	
Subtotal	\$6227479	\$8313060	\$-2085581
DSH Payments	\$0		
Subtotal	\$6227479	\$8313060	\$-2085581
Medicare Shortfalls	\$12267910	\$14330741	
Other Government Programs	\$16585	\$78333	
Total	\$18511974	\$22722134	\$-4210160

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6009831	\$9765697	\$-3755866